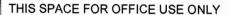


HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org



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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

	(Type of File	nt oleany)			
PART I LOBBYIST					
NAME(Last)	(First)	(Middle)	TELEPHONE		
MORRIS	GEORGE "RED"	Α.	808/531-4551		
MAILING ADDRESS (Street)			FAX		
222 SOUTH VINEYARD STREET, SUITE 401			808/533-4601		
(City)	(State)	(Zip	(Zip Code)		
HONOLULU	HAWAII	9	96813-2453		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE		
G.A. MORRIS, INC.			808/531-4551		
MAILING ADDRESS (Street)			FAX		
SOUTH VINEYARD STREET, SUITE 401			808/533-4601		
(City)	(State)	(Zip	Code)		
HONOLULU	HAWAII	•	96813-2453		

PART II ORGANIZATIO	Al .					
NAME OF ORGANIZATION YOU	Telephone 808-529-7300					
HAWAII LIQUOR WHOLESALERS ASSOCIATION						
MAILING ADDRESS (Street)	FAX 808-524-8293					
500 ALA MOANA BOULEVARD, 5 WATERFRONT PLAZA, SUITE 400, HONOLULU, HI 96813						
(City)	(State)	(Zip Code)				
HONOLULU	Н	96813-2453				
NAME OF PERSON RESPONSIBLE	FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE 808-531-4551				
ODY BUTAY DACANAY						
MAILING ADDRESS (Street)		FAX 808-533-4601				
222 SOUTH VINEYARD STREE	T, SUITE 401					

·			
(City)	(State)	(Zip Code)	
HONOLULU	HI	96813-2453	

DAD	TIII DESCRIPTION	25 0115 15050 1150111111				
PAR	I III DESCRIPTION	OF SUBJECTS UPON WHICH	1 YOU	J EXPECT TO LOBBY		
	Agriculture Communications & Public Utilities Consumer Protection & Commerce Culture, Arts, Historic Preservation	[] Education [] Government Operations & Finance [] Hawaiian Affairs [] Health	[]	Human Services Intergovernmental Relations International Affairs Labor & Employment Planning, Land & Water Use Management	[]	Science, Technology & Economic Development Tourism & Recreation Transportation Other: (indicate below)
[]	Ecology, Energy Environmental Protection	[] Housing	[]	Public Safety & Corrections	1	
	Environmental Protection			•		

PAR		M∕OF LOBBYIST				
	I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
		(Signature of Lobbyist)				(Date)

PAR		N TO LOBBY				
NAM			TIT	LE OF AUTHORIZING OFF	ICER OR	PERSON REPRESENTED
KENNETH G.K. HOO SECRETARY FOR HAWAII LIQUOR WHOLESALERS ASSOCIATION						
NAMI	OF ORGANIZATION (if app	olicable)			TELEPHO	ONE 808-529-7300
	All LIQUOR WHOLESALERS	SASSOCIATION				
MAIL	NG ADDRESS (Street)				FAX 808	-524-8293
500 ALA MOANA BOULEVARD, 5 WATERFRONT PLAZA, SUITE 400, HONOLULU, HI 96813						
	(City)	(State)		(Zip C	ode)	
				3-2453		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
(Signature of Authorizing Officer or Person Represented) January 18, 2005 (Date)						
	(Signature of Authorizing Officer or Person Represented) (Date)					